

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39579**
9753

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 2212 RICHERT | | d. STREET ADDRESS (If rural, give location) 2212 RICHERT | |

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| 3. NAME OF DECEASED (Type or Print) THEODORE J. PICHAUX | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 3, 1951 | | |
| a. (First) | b. (Middle) | c. (Last) | 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED |
| 8. DATE OF BIRTH July 19, 1893 | 9. AGE (In years last birthday) 78 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) BELGIUM | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME THEO. J. PICHAUX | 13b. MOTHER'S MAIDEN NAME ANN REHMAN | 14. NAME OF HUSBAND OR WIFE ANN T. PICHAUX |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. 492-09-3438 | 17. INFORMANT'S SIGNATURE OR NAME THEO. PICHAUX | ADDRESS 205 Joy AVE |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis | | INTERVAL BETWEEN ONSET AND DEATH 8 mo. |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 002X |
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22. I hereby certify that I attended the deceased from **Feb. 11, 1951**, to **Nov. 3, 1951**, that I last saw the deceased alive on **Nov. 2, 1951**, and that death occurred at **6:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Walter A. Dill | 23b. ADDRESS 7346 Manchester Ave, Maplewood 17, Mo | 23c. DATE SIGNED 11-4-51 |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 11-6-51 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cem | 24d. LOCATION (City, town, or county) (State) Maplewood Mo. |
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| DATE REC'D BY LOCAL REG. NOV 5 1951 | REGISTRAR'S SIGNATURE J. Earl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE W. Coyle | ADDRESS 7146 Manchester |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.